

SCHEDULE D

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

TO BE RETAINED FOR THE ORIGINATING COMPANY USE

CUSTOMER NAME (S) _____

CUSTOMER ACCOUNT NUMBER(S) _____

I (we) hereby authorize City of Ronceverte, hereinafter called CITY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until CITY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME (S) _____

(PLEASE PRINT)

DATE _____

SIGNED X _____ SIGNED X _____

Payment will be debited from your account on or around the 15th of each month.

Please note that if the City of Ronceverte receives an ACH transaction returned as Non-Sufficient Funds or otherwise returned, the Customer will no longer have payments automatically withdrawn from their account. A returned ACH fee may/will be charged to the customer's account.